



# McComb Recreation Department

## Application for Renting Volleyball Court, Multi-Purpose Area/Field

725 Vogel Street McComb, MS 39648

\_\_\_\_ Deposit: Multi-Purpose Field - \$50; \_\_\_\_\_ Volleyball Court - \$30  
 \_\_\_\_ Rental Fee: Multi-Purpose Field - \$100; \_\_\_\_\_ Volleyball Court - \$10/hr.

\_\_\_\_ Deposit: Multi-Purpose Area - \$100  
 \_\_\_\_ Rental Fee: Multi-Purpose Area - \$200 (includes utility pole)

No. of Vendors: \_\_\_\_\_ X \$200 each= \_\_\_\_\_

Security Required (\$15 per hour) Total: \_\_\_\_\_ Insurance requirement attached \_\_\_\_\_

Rental Date: \_\_\_\_\_ Time \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm

Description of Activity: \_\_\_\_\_

Name of Individual Responsible: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

In order for the City of McComb to hold your reservation, payment and this form must be received at least 14 calendar days prior to the event. Failure to do so will result in loss of reservation. Rental fees must be paid in full 14 calendar days prior to the event.

**CANCELLATIONS MUST BE MADE 14 DAYS PRIOR TO RENTAL DATE TO RECEIVE A FULL REFUND.**  
 Refunds may be made on outdoor facilities if rained out. Cancellations within the two weeks prior to the event will result in a loss of deposit. All deposits or fees eligible for return will be mailed back to the renter from City Hall within 30 days following the event.

**All beverage products MUST be Coca-Cola brand products!!!!**

Products may be purchased through MRD. All orders MUST be placed 14 days prior to the event. Pricing to be determined at the time of order. All sales are final after purchase and no product may be returned for refund or credit.

**NO ALCOHOL OR SMOKING ALLOWED ON CITY PROPERTY!!!!**

The Lessee may be required to obtain policies of insurance issued by companies authorized to do business in the State of Mississippi. The Insurance policies shall contain an endorsement providing Contractual Liability coverage to insure the liability assumed herein. Lessee must also provide Certificates of Insurance (Liability), naming the City of McComb as an additional insured in the following amounts:

Comprehensive General Liability – (Including spectator liability) providing the following limits:

- A. A Combined single limit policy form (Bodily Injury and Property Damage limits combined) of \$300,000.00 per occurrence, or...
- B. Bodily Injury Liability - \$300,000.00 per occurrence
- C. Property Damage Liability - \$100,000.00 per occurrence

The MRD staff shall be provided with a Certificate evidencing all such insurance as specified herein, and any other insurance which the City of McComb may require.

**OBJECTIONABLE CONDUCT** - Any person at the rented location whose conduct is disorderly or disruptive in one or more of the following respects, may be ejected from the premises by the MRD staff or any police officer:

- a. Intoxication;
- b. Use of abusive, indecent, profane or vulgar language;
- c. Making offensive gestures or displays;
- d. Abusing or threatening another person in an obviously offensive
- e. manner or fighting with another person;
- f. Making unreasonably loud noise;
- g. Vandalism.

**Clean-Up** - Lessee must clean up any and all trash and remove any equipment within the contract lease period; otherwise, additional fees may be charged or deducted from deposits for the additional time used. Lessee is responsible for clean-up of the facility similar to pre-event condition.

I agree to abide by the policies and rules of the City of McComb. I understand that I am responsible for any damages to City property that may occur during my usage. I understand I should report any problems to the Department of Recreation. I intending to be legally bound, hereby, waive, and decline any and all rights and claims for damages I may have against the McComb Recreation Department, City of McComb, and sponsors, and their representatives, successors and assigns for any and all injuries suffered by myself.

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

**Fees are subject to change without notification. Check with MRD for updated rates.**

**Office Use Only:**

Deposit \$\_\_\_\_\_ Payment Method\_\_\_\_\_ Receipt\_\_\_\_\_ Date:\_\_\_\_\_

Payment \$\_\_\_\_\_ Payment Method\_\_\_\_\_ Receipt\_\_\_\_\_ Date:\_\_\_\_\_